

## OPHTHALMOLOGY WAIVERS

CONDITION: UVEITIS (ICD9 364.3)

Revised March 2003
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**AEROMEDICAL CONCERNS:** The acute condition can cause distracting pain in the eye, floaters, excessive tearing, photophobia, and blurred vision. Long term sequelae include cataract, glaucoma, retinal damage, corneal band keratopathy, and loss of vision.

### WAIVERS:

**Initial Applicants (All Classes):** More than one episode of any form of uveitis is rarely granted exception to policy or waiver. There is no requirement for waiver request when transient uveitis is due to a traumatic event, provided symptoms completely resolve and visual acuity returns to baseline and is within current aeromedical standards. A single nontraumatic episode requires an ophthalmology evaluation only. Multiple nontraumatic episodes require evaluation as listed below to exclude underlying systemic diseases.

**Rated Aviation Personnel (All Classes):** Waiver may be considered for chronic or recurrent cases, but is rarely granted. There is no requirement for waiver request when transient uveitis is a single episode or due to a traumatic event, provided symptoms completely resolve and visual acuity returns to baseline and is within current aeromedical standards. More than one nontraumatic episode requires the evaluation as listed below to exclude underlying systemic diseases.

### INFORMATION REQUIRED:

- Ophthalmology consultation,
- Associated diseases causing uveitis, such as sarcoidosis, ankylosing spondylitis, tuberculosis, syphilis and toxoplasmosis should be excluded and the following initial studies should be completed:
  - ANA,
  - Angiotensin Converting Enzyme,
  - HLA B 27,
  - Lyme serology,
  - PPD,
  - Syphilis Serology,
  - CXR; and,
  - Other tests as indicated by history/physical and ophthalmology consultant.

**FOLLOW-UP:** Annual Ophthalmology consult may be required.

**TREATMENT:** Patients should be grounded during the active phase of the disease and during treatment.

**DISCUSSION:** Uveitis is any condition that involves inflammation of the uveal tract (iris, ciliary body, choroid) or adjacent structures. The key features of the condition are inflammatory

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cells in the anterior chamber and/or vitreous cavity. Associated features include pain, redness, photophobia, and anterior and posterior synechiae. Following traumatic iridocyclitis, the most common causes of anterior uveitis are idiopathic (38-56%), the seronegative spondyloarthropathies (21-23%), juvenile rheumatoid arthritis (9-11%), and herpetic keratouveitis (6-10%). The vast majority of cases of intermediate uveitis are idiopathic. Toxoplasmosis is the most common cause of posterior uveitis, and the most common causes of panuveitis are idiopathic (22-45%) and sarcoidosis (14-28%).

**REFERENCE:** Foster, D. "General Approach to Uveitis Patient and Treatment Strategies," in Ophthalmology, Yanoff, Ed., 1st Ed., Mosby International, 1999.